

The distal ends of the bones in both legs are distinctly enlarged. The hands are unusually broad and the fingers thick. The feet are broad and quite flat. His gait presents a side-wise swing and awkward rocking to and fro. The nails are also quite broad and flat.

The head is large, the face broad; the hair is dark brown, dense, and grows low down over the forehead. The eyes are widely separated, the nose is short, the root being depressed while its end is turned up. The cheek bones are prominent, while the jaw is small.

The face is much wrinkled, looks puffy, and is of a dirty yellowish, white color. The ears are large and stand out from the head to an unusual degree.

The neck is thick and wrinkled; no thyroid gland can be felt.

The back presents an excessive lumbar lordosis.

The skin as a whole is of a dirty yellowish hue, and feels harsh, dry, very rough and thick.

There is a small moustache, and the genitalia, as well as the muscles appear well-developed.

Mentally the patient is at the level of a middle-grade idiot.

ARTHROPATHY IN GENERAL PARESIS. BY JAMES HENDRIE LLOYD, M.D.

Lloyd goes into a general review of arthropathies in diseases of the nervous system, outlining the history, occurrence and varieties, frequency, etiology, anatomy and clinical history of these joint affections.

Arthropathies and bone changes have been observed: 1, in cases of arrested development, especially in cerebral atrophy or porencephalon; 2, in the osteomalacia of the insane; 3, in tabes—the true tabetic arthropathy; 4, in scleroderma, leprosy and hemifacial atrophy; 5, in cases of peripheral nerve injury.

The arthropathy of Charcot has been found in four diseases: 1, in locomotor ataxia; 2, in syringomyelia; 3, in sclerose en plaques (one case); 4, in general paresis.

Out of 166 joints studied by Weizsacker with reference to the frequency of arthropathy, eighty-seven occurred on the left side, and seventy-nine on the right. The knee-joint was most often affected (seventy-eight times); the other joints in the order of frequency were, hip, thirty-one; shoulder, twenty-one; tarsus, thirteen; elbow, ten; ankle, nine; wrist, two; maxillary joint, two.

Arthropathies are now commonly held to be trophic lesions. In Charcot and Joffroy's case, atrophy of the anterior horn, and disappearance of many cells were observed, but other cases (Talamon) showed no such changes.

As regards the anatomy of arthropathy, Marie recognizes two classes. First, the atrophic type; second, the hypertrophic type. The former involves more or less complete destruction of the cartilages and bones. The latter is accompanied by bony swellings and stalactites. In both, the

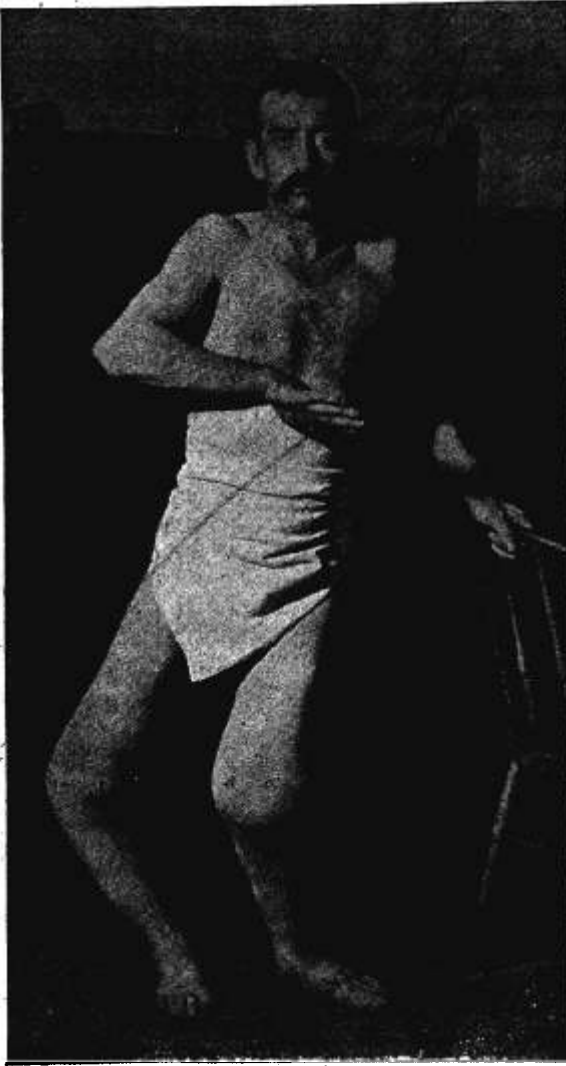


FIG 4.

General paresis with arthropathies.

capsule is commonly relaxed and dilated, and contains a transparent, serous effusion. The two varieties may be present in the same subject.

The onset of an arthropathy is often sudden. The joint becomes

swollen, and in a few days the whole limb is involved. The swelling is hard and brawny, and does not pit easily. By this time effusion has appeared, which persists after the general swelling disappears. Soon, grating sounds are perceived. The dropsy disappears, leaving the joint extremely mobile, but its utility is not always lost. As a rule, there is neither pain, heat, nor redness.

Lloyd then gives the history of a case of typical paresis with arthropathies, well illustrated in Fig. 4.

Both knee-joints were enlarged enormously. Grating sounds could be heard in them easily. The anterior ends of the condyles were enlarged forming prominent bosses.

In spite of the deformity of the knees, the patient managed to walk about. The patellæ were flattened and thickened and increased in diameter. No stalactites could be determined. The joints were painless, and free from heat or redness. There was increase of fluid within them. No marked cedema was seen around the joints, but still the skin had a hard, brawny feeling. There was increased lateral movement.

The patient died of infectious cystitis and pyelitis.

The following are the main changes observed at the autopsy :

Brain.—Dura thickened and adherent to both the skull and the membranes. Subarachnoid cedema. Frontal lobes blanched and shrunken. Pia over the frontal lobes adherent. Extensive adhesion over the base

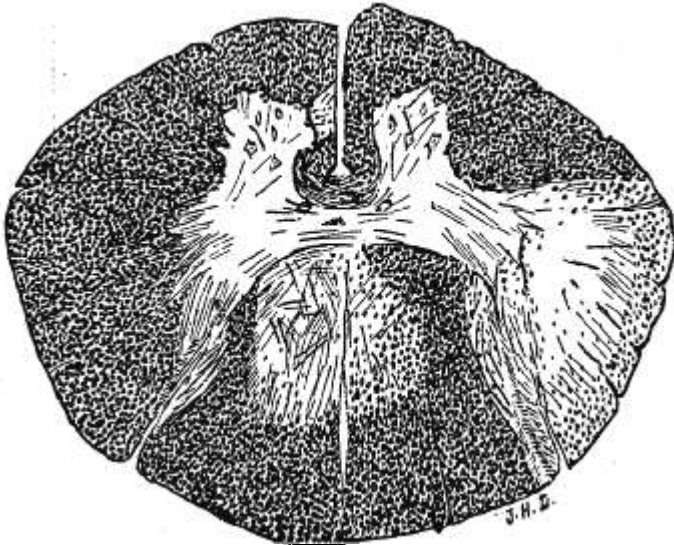


FIG. 5.

Spinal cord (dorsal region) from a case of general paresis with arthropathies.

of the brain. Lateral ventricle dilated and full of a clear fluid to excess. Walls of the third ventricle agglutinated.

Cord.—The cord presents two system lesions. First, partial posterior sclerosis. and second, sclerosis of the crossed pyramidal tract on the right side and part of the direct pyramidal tract on the left side. (See Fig. 5.)

The posterior sclerosis is not distributed symmetrically as in locomotor ataxia. The posterior parts of the columns of Goll and of Burdach are normal. The posterior root-zones practically escape.

As the figure shows, the sclerosed area in the right lateral column is more extensive than the crossed pyramidal tract. At its periphery, a line of less degenerated fibres marks the position of the direct cerebellar tract. The area of degeneration on the right side is not co-extensive with the direct pyramidal tract.

The cells in the anterior horns present nothing characteristic. It is to be regretted that microscopic examinations of the anterior horns in the lumbar region were not made.

Although this cord presented the type seen in cerebro-spinal sclerosis, yet clinically the case was one of general paresis, quite well marked by delusions, progressive dementia, maniacal episodes, and speech and eye defects.

A STUDY OF NINETEEN CASES OF LOCOMOTOR ATAXIA.

BY JOHN MILTON ROBINSON.

Of these nineteen cases fourteen were males and five were females, an unusually large percentage. A history of syphilis was given by three cases, of spinal injury by four; of exposure to cold and wet by seven cases; of alcoholic excesses by seven; of venereal excesses by two.

The symptoms tabulated in the order of frequency are as follows :

1. Knee-jerk absent	18
2. Various paræsthesial, as numbness, formication, etc	18
3. Partial iridoplegia (including twenty-three)	18
4. Girdle sensation around the abdomen.	18
5. Urine alkaline and turbid (eighteen cases)	16
6. Anæsthesia.	16
7. Severe paroxysms of pain	15
8. Argyll-Robertson pupil	15
9. Acceleration of pulse (above eighty-five).	14
10. Constipation	13
11. Partial incontinence of urine.	12
12. Diminished faradic excitability.	11
13. Diminished galvanic excitability.	11
14. Sudden vertigo, ...	8
15. Myosis	8
16. Sexual involvement.	7
17. Transient diplopia	6
18. Urine containing trace of albumen.	6
19. Static ataxia	5
20. Limitation of color field.	5